


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

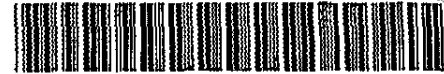
<b>DOCUMENT # A01000000361</b>			
1. Entity Name <b>PARK MEADOWS APARTMENTS LTD.</b>			
Principal Place of Business <b>9200 SOUTH DADELAND BLVD. SUITE 500 MIAMI FL 33156</b>		Mailing Address <b>9200 SOUTH DADELAND BLVD. SUITE 500 MIAMI FL 33156</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent <b>SPIELMAN, ROBERT 9200 SOUTH DADELAND BLVD. SUITE 500 MIAMI FL 33156</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. <b>\$1,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>EQUITYLINE FINANCIAL GROUP, INC. 9200 SOUTH DADELAND BLVD. MIAMI FL 33156</b>	STREET ADDRESS CITY - ST - ZIP	<b>Add: Suite 500</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>U000000162592 05/16/04-800001-016 141.25</b>
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date <b>2/10/04</b> <b>305-670-9700</b> <small>Daytime Phone #</small>	

FILED

04 JUN 18 PM 12:54

STATE  
TALLAHASSEE FLORIDA

MJH



MOORE CR2E003 (11/03)

AP-PLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

STAPLE CHECK HERE